



Vapor or Groundwater Monitoring Well Installation Supplement F

Your application is not complete until **all** requested information is submitted. Please complete every item on this supplement to avoid delays in processing your request.

In addition to this form, please submit:

- ☐ Completed Permit Application for Underground Storage Tanks—Major Installation
- ☐ Permit fees
- ☐ Typical cross section showing well features

Tank #	THIS LINE FOR OFFICE USE ONLY			
Tag Number				
Tank Capacity (gallons)				
Substance Stored				

Design Checklist for proposed installation:

- ☐ Specify leak detection equipment used in conjunction with the wells _____

- ☐ Justify the number and location of wells for adequate leak detection capability _____

- ☐ For vapor monitoring wells, specify the porosity of the soil. Baseline readings must be established for vapor monitoring wells within 6 weeks of installation _____

- ☐ For groundwater monitoring wells, specify groundwater depth and the hydraulic conductivity of the soil between the UST system and the monitoring wells _____

- ☐ Describe the project—what are you planning to do? (attach additional sheets if necessary). Include any special design issues and any information not included above.

Site Plan including the following elements at a minimum:

- ☐ Facility name ☐ Designer name ☐ Scale or dimensions ☐ North arrow
- ☐ Major site features
- ☐ Any existing UST components affected by the proposed installation
- ☐ Proposed well locations